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DRAFT MINUTES

Task Force on Culturally and Linguistically
Competent Physicians and Dentists
Oxnard City Hall
305 West Third Street
Oxnard, California 93030
November 7, 2001

Task Force Members Present

Kathleen Hamilton, Director, Department of Consumer Affairs, Co-Chair
Dr. Martin Gallegos, Office of the Patient Advocate, Department of Managed Health Care
Anil Chawla, M.D., Clinicas del Camino
Eva Vasquez-Camacho, United Farm Workers (UFW)
Daniel Jordan, Ph.D.

Staff Members Present:

Kristy Wiese, Assistant Deputy Director, Department of Consumer Affairs
Don Chang, Legal Counsel, Department of Consumer Affairs
Jean Iacino, Special Assistant to the Director, Department of Health Services

Call to Order:

Chairperson, Kathleen Hamilton, called the meeting to order at 3:40 p.m. Noticing the absence of a quorum, the Task Force convened as a subcommittee. All Task Force members present introduced themselves. Director Hamilton advised that if anyone in attendance needed interpreting services, Spanish and Vietnamese interpreters were present.

Director Hamilton provided an overview for the purpose of the Task Force. She advised that the Task Force comprised of thirty-seven members and their essential duties were to examine continuing education programs and assess the need for culturally and linguistically competent physicians and dentists. The group has been asked to identify cultural elements necessary to meet cultural competency. This would be done through a series of quarterly task force meetings and conducting public hearings throughout the state. Director Hamilton advised this is an ongoing process and welcomed any thoughts or recommendations. A final report will be submitted to the Legislature in 2003.

Informational Presentations by Invited Speakers Regarding Access to Culturally and Linguistically Competent Care in the Local Community:

Director Hamilton requested Ms. Iacino present a brief report on the Task Force's visit to two community clinics in Ventura County.

Ms. Iacino reported that the tour was of two of the six Clinicas del Camino Real clinics. Dr. Roberto Juarez, the Executive Director presided over the tour along with Dr. Chawla, the Medical Director. Ms. Iacino shared her perspective of the clinic visits. She advised the clinics are multi-service and include primary care, dental, mental health and other services and all the nurses were bilingual, but there was a need for bilingual and bicultural physicians. Ms. Iacino stated that the clinics have achieved an impressive 100 percent immunization rate for the children and 100 percent male participation in prenatal care services.

Director Hamilton introduced Josephine Soliz, a family practitioner in Oxnard. Dr. Soliz advised she received her degree in nutrition at UC Berkeley, a medical degree from UC Irvine, and trained at the County Hospital in Ventura. She stated she is certified in family practice and geriatrics. Dr. Soliz stated her formal cultural competency training was obtained in her last year in medical school where she spent three months in Mexico and her work with the ethics committee at the regional medical facility in Oxnard. She advised her practice included three family practice physicians, and one nurse practitioner, all of whom are bilingual in Spanish.

Dr. Soliz related she believed there were differences in the medical training received in Mexico and the medical training received in the United States. She stated students in Mexico like the U.S. complete twelve years of general education. However, unlike America, the students in Mexico go directly into professional school after completing twelve years of general education and attend a six year course, which consists of five years of formal training and the sixth year is working in an underserved area before practicing in their chosen profession. In contrast American students complete four years of college and then four years of medical school. In essence, students receive an extra four years of college and one less year of medical school in the U.S. Primary care doctors in the U.S. are required to complete an internship in a residency and an additional three years for primary care. In Mexico, they become licensed after completing one year of social services work.

Dr. Soliz advised that each nursing unit at St. John's Hospital is equipped with a speakerphone that connects to the AT&T language line, a translating service in every major language spoken in the world, which is extraordinarily helpful and allows for language access. Translators are available from almost every native language in Mexico and Central America.

Dr. Soliz explained that translator services should be reimbursable. Many contracts contain language that state the provider promises to provide translating services for patients. Generally, providing a Spanish interpreter is not a problem, but there is no feasible way of getting translators for all the different languages that walk into her office.

Dr. Soliz stated that the proposal the Task Force is considering to allow physicians and dentists licensed in Mexico and the Caribbean to practice in underserved clinics in California is not an effective remedy to the problem of provider shortages. She stated she did not have an aversion to foreign trained physicians, but training received in foreign locations was not equivalent to that of the United States. Dr. Soliz expressed concern regarding the lack of training that potentially could raise issues of mal-practice. Dr. Soliz emphasized the need for

more students in the United States to be admitted into medical schools for a long-term solution. She stated taking physicians and dentists from countries with fewer resources didn't appear to be fair or an adequate decision. Dr. Soliz related if this option was implemented, then physicians and dentists from Mexico and the Caribbean should complete U.S. training in the form of a fifth year of residency. She suggested it was more efficient to invest in American students who would remain in the country.

Dr. Jordan inquired if Dr. Soliz had any further comments on equitable outreach. Dr. Soliz responded she had no further comments.

Ms. Vasquez Camacho asked about the demographics in Oxnard. Dr. Soliz responded that 80% of the Hispanics worked in agriculture or light industry.

Dr. Jordan clarified that the general population in Ventura County consisted of approximately 75% White, 20% Hispanic and the medical population consisted of approximately 65% Hispanic. He commented there was a variance between Oxnard and Ventura County.

Dr. Chawla interjected that Oxnard is probably 70% Hispanics, 5% African American, including 2% Asian and Filipino.

Director Hamilton commented that the Subcommittee discussed the educational requirements of Mexico and the U.S. and pondered the differences and similarities in the curriculum and compared those with California standards. She advised that the Subcommittee found that there appeared to be less basic science in the education curriculum of physicians educated in Mexico.

Dr. Soliz reemphasized that physicians in Mexico did not attend four years of college, the system is compressed in Mexico, and they are not getting quite as much education before entering or exiting medical school as American trained physicians.

Director Hamilton asked if it was truly a significant difference and Dr. Soliz reiterated the importance of a good college education foundation in order to gain an understanding of medicine and physiology. It is imperative to know about scientific foundation in understanding biochemistry. Essentially, functioning as a nurse practitioner you can do very good protocol care, but as a physician it is critical in understanding underlying diseases.

Ms. Iacino remarked that basic science issue continues to be a prevalent dissimilarity between the medical education of the two countries.

Dr. Chawla stated the medical education in the U.S. and Mexico appears to be the same. She stated UCSF and USC are comparing the medical courses and the curriculum appears to be similar.

Dr. Soliz responded that medical students in Mexico did not attend a four-year college, therefore do not have the same background.

Director Hamilton asked Dr. Soliz her opinion in regards to the cultural and linguistic equivalency of training that could assist in developing recommendations for standardizing some level of cultural sensitivity. Dr. Soliz replied it is difficult to measure cultural competency.

Director Hamilton asked if there were any additional comments or questions from the Task Force and thanked Dr. Soliz for her presentation.

Dr. Roberto Feiss, a practicing physician in the community of San Pablo in Ventura County, expressed concern about the shortage of bilingual and bicultural physicians. He stated there was a dire need for more competent physicians and dentists. Dr. Feiss disagreed with the proposal to bring foreign physicians and dentists to practice in non-profit community clinics as a temporary solution. He suggested this robs foreign countries of professional resources and it was the wrong direction to take. Dr. Feiss cited an analogy to the Bracero program in 1950 that allowed workers in Mexico to work in fields in the U.S. and at the end of the season were shipped back to Mexico. He stated any attempts to develop a similar program in the U.S. with physicians would not be a feasible solution. Dr. Feiss stated that in his opinion more programs were needed to encourage culturally competent premed students to health care professions.

Ms. Vasquez Camacho thanked Dr. Fleiss for his comments and stated her role as a Representative of the United Farm Workers on the Task Force was to ensure that a Bracero program for physicians is not established.

Public Comment:

Dr. Mauricio Plutez, a physician and representative of the Clinicas del Camino Real, explained he was born and raised in El Salvador, but attended an American medical school. Dr. Plutez stated there is an urgent need for physicians to be culturally proficient and culturally sensitive.

Director Hamilton asked Dr. Plutez for his opinion whether physicians were unaware of the communities needs or chose not to practice in communities where there is a shortage of practicing physicians who speak languages other than English. Dr. Plutez responded there was a lack of awareness of the need for linguistically competent physicians in the communities where language other than English is spoken.

Director Hamilton inquired of Dr. Plutez's education received in El Salvador and if he would share his qualifications and educational experience as a physician in El Salvador. Dr. Plutez responded he attended five years of medical school in Costa Rica and then came to the U.S. He stated he was required to take many exams in the United States, including an oral exam, to prove his qualifications to become a licensed physician.

Director Hamilton asked if there would be value in considering tuition forgiveness as an incentive for newly graduated medical students who commit to serve in the medically

underserved areas or programs that mentor a newly practicing physician willing to serve in the underserved community.

Dr. Plutez responded that individuals must first possess a passion to care for patients in these communities.

Dr. Gallegos asked Dr. Plutez if in his opinion, he was prepared appropriately and adequately after medical school in Costa Rica to function competently in a residency program in the U.S.

Dr. Plutez replied that he felt overwhelmed and in his clinical opinion would have been better prepared for the residency program if he had attended medical school in the United States. He stated he had more clinical rotation than the students did in the United States, but it took approximately two years to reach an understanding of the knowledge and proficiency of the technical information he was taught here. He acknowledged that there was a tremendous difference in the technology between the U.S. and other countries, and as a result additional training and knowledge were required.

Dr. Gallegos inquired if it would be beneficial to receive additional training in continuing medical education (CME) units or if part of the medical school curriculum should assist doctors in becoming culturally and linguistically competent and encourage them to serve in under represented minority communities. Dr. Plutez stated that would be an asset.

Ms. Iacino asked how he became familiar with Clinicas del Camino Real. Dr. Plutez advised a recruiter contacted him during his residency training and he was subsequently hired.

Dr. Jordan asked Dr. Plutez regarding the comments made by Dr. Soliz regarding the foreign trained physicians coming here from other countries being at a disadvantage. Dr. Plutez agreed there could potentially be problems, but stated after a year he learned the technology. Dr. Plutez reiterated that he completed his formal training in the U.S.

Dr. Gallegos asked Dr. Plutez after he completed his training in Costa Rica if he would have felt confident enough to begin practicing medicine independently. At that point, Dr. Plutez responded no, the residency provided the additional training that was necessary to feel confident. He stated that he could not discount the additional training he received in the United States.

Ms. Vasquez-Camacho asked if there was a distinction with having a doctor who can communicate in a patient's language in a fluent way or a person trained in cultural competency. Dr. Plutez responded you should be culturally competent to address the patient's concerns.

Celia Mendez, Community Health Worker was assisted by Rosa Tellez, the Mixteco language and Raymond Aguilar, a Spanish interpreter. Ms. Mendez stated she worked for the Clinicas del Camino Real Inc. as a community health worker who assisted in translating for the impoverished, the providers, the health education department and the nutrition

department in providing access to healthy care for the patients. The clinic has seen an increasing number of patients who speak Mixteco in recent years.

Ms. Wiese inquired who provided the translation services for the patients prior to Ms. Mendez. Ms. Tellez responded Ms. Mendez was hired to assist providers with patient's language needs due to the fact that most patients spoke very little English and providers lacked the understanding of the Mixteco language.

Director Hamilton asked where the young pregnant women went before for prenatal problems when providers didn't understand their language. Ms. Tellez responded many would forgo treatment before Ms. Mendez was hired. Ms. Mendez has assisted providers with the translation and her services have alleviated some of the language barriers that existed with the providers and patients.

Jesus Oliva spoke on behalf of the Welcome Back International Health Resource Center. He commented that he felt the education was equivalent in both countries. He went to medical school in Mexico where he had a private practice in Guadalajara. Dr. Oliva suggested bringing foreign medical graduates from Mexico and other countries was not an adequate solution to the healthcare crisis. He commented that many foreign medical graduates are already residents in the U.S. Dr. Oliva suggested possibly implementing a fast track program to assist them in becoming licensed to practice. Dr. Oliva stated the Welcome Back Program at the San Antonio College at the International Health Worker Assistance Center is a program that is attempting to assist foreign medical providers in obtaining positions in the health care profession.

Director Hamilton expressed appreciation and stated that the Task Force is aware of efforts of the program.

Niels Agger-Gupta, Ph.D., Executive Director of California Healthcare Interpreters Association (CHIA) spoke to CHIA's goals for acceptable standards and certification for qualified health care interpreters. He stated CHIA developed medical interpreter standards due to the lack of training for interpreters. Dr. Agger-Gupta advised that CHIA supports the efforts of San Francisco College in proposing a 15 credit course in health care interpreting to be implemented throughout the state. He advised CHIA has three chapters in the Bay Area, Los Angeles, and the Central Valley. Dr. Agger-Gupta related that the health care system should also address the issue of reimbursement for interpreters.

Ms. Iacino asked if he was aware that other states have established either certification standards or ethical protocols for interpreters. Dr. Agger-Gupta responded that Washington, Massachusetts and Vancouver have established certification for interpreters.

Sandra Young, Family Nurse Practitioner at Las Islas Medical Group expressed her opinion that the medical interpreters were critical to the day-to-day function of health care providers.

Elvia Guizar, a Registered Nurse with Ventura County Public Health Department, spoke to having accessible healthcare and outreach to the community. She stressed the need for

bilingual and bicultural physicians and dentists. She stated her primary language is Spanish and she knew even as a child that she wanted to be in the medical field.

Claudia Gallard, Operations Manager for Clinicas del Camino Real in Oxnard relayed the need for Hispanic doctors who can see patients without the use of interpreters.

Antonio Flores, Indigenous project in the State of California spoke regarding his organization that provides interpreter services in twenty-four cultural languages. He stressed the need to provide service in primary languages of patients. Mr. Flores stated that working with different organizations in the community to understand their culture was the key to providing quality care.

Director Hamilton expressed her gratitude for the opportunity to meet the health care providers who are the real leaders in their community. Director Hamilton congratulated the individuals on their work and appreciation for sharing their thoughts at the meeting.

Mary Carr, Executive Director of the Ventura County Medical Association commented on the current mandate on using medical interpreters within the physician's office. She stated there is a disincentive for physicians to accept Medi-Cal patients because the interpreter mandate is costly and actually causing more access problems. Ms. Carr made possible suggestions to help alleviate the physician shortage in California including removing unfunded mandates that hinder physicians from accepting new patients and removing some of the cost disincentives for health care centers.

Omer Pena, Policy Analyst with the California Hispanic Health Care Association, remarked that there has been concern raised in regards to AB 1045 to develop standards for cultural and linguistic competency programs for physicians in regards to health care centers. He stated it was important to address the needs of the community by providing social services, outreach, medical and dental services to the underserved communities.

Daniel Moreno stated he was aware of many Hispanic physicians who are linguistically and culturally competent who are being barred from making a living because the Medical Board of California is denying their licenses. In the past three years, the Medical Board has had a negative impact on the Hispanic physicians and has created this shortage situation. Mr. Moreno believed there were hundreds if not thousands of physicians trying to become licensed, but have been unable to meet the licensing requirements.

Director Hamilton thanked Mr. Moreno for his comments and informed him that the California Medical Board Director is a member of the Task Force and his comments would be forwarded. Director Hamilton encouraged Mr. Moreno to provide additional details to be forwarded to the Medical Board.

Mr. Moreno suggested he would contact Senator Figueroa's staff to act as an intermediary.

Agenda Item 4 Adjournment

The Meeting was adjourned at 5:45 p.m.